

## Complaint Form

Rainbow City Performing Arts will investigate all complaints and it will be shared with limited staff or board members as appropriate to investigate this incident.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone Numbers (s): \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Ensemble of Incident: \_\_\_\_\_

Location of Incident: (Please specify if online) \_\_\_\_\_

Is your complaint about a specific person(s)? \_\_\_\_\_

Please describe the incident in detail:

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If there are others who have witnessed this incident, please provide their names and contact information:

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Is this the first time you have raised a concern about this person/situation? \_\_\_\_\_

